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A Check box if address changed

B Exempt under section
 501(C)(3) 408(e) 220(e) 408A 530(a) 529(a)

C Book value of all assets at end of year
 9,145,335.

D Employer identification number (Employees' trust, see instructions)
 43-1556416

E Unrelated business activity codes (See instructions)

Name of organization (Check box if name changed and see instructions)
 TRI-COUNTY MENTAL HEALTH SERVICES, INC.

Number, street, and room or suite no If a P O box, see instructions
 3100 NE 83RD STREET 1001

City or town, state, and ZIP code
 KANSAS CITY, MO 64119

F Group exemption number (See instructions)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity ATTACHMENT 1

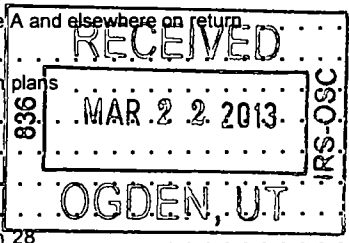
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of DONNA DOUTHIT, CFO Telephone number 816-468-0400

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance			1c
2	Cost of goods sold (Schedule A, line 7)			2
3	Gross profit Subtract line 2 from line 1c			3
4a	Capital gain net income (attach Schedule D)			4a
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b
c	Capital loss deduction for trusts			4c
5	Income (loss) from partnerships and S corporations (attach statement)			5
6	Rent income (Schedule C)			6
7	Unrelated debt-financed income (Schedule E)			7
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			8
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9
10	Exploited exempt activity income (Schedule I)			10
11	Advertising income (Schedule J)			11
12	Other income (See instructions, attach schedule)			12
13	Total. Combine lines 3 through 12	0		13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14
15	Salaries and wages	15
16	Repairs and maintenance	16
17	Bad debts	17
18	Interest (attach schedule)	18
19	Taxes and licenses	19
20	Charitable contributions (See instructions for limitation rules)	20
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a
23	Depletion	22b
24	Contributions to deferred compensation plans	23
25	Employee benefit programs	24
26	Excess exempt expenses (Schedule I)	25
27	Excess readership costs (Schedule J)	26
28	Other deductions (attach schedule)	27
29	Total deductions. Add lines 14 through 28	28
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29
31	Net operating loss deduction (limited to the amount on line 30)	30
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	31
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32
34	Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32	33
		34



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Part III Tax Computation

Table with 3 columns: Description, Amount, and Line Number. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Line Number. Rows include Foreign tax credit, Other credits, General business credit, Total credits, Other taxes, Total tax, Payments, Estimated tax penalty, Tax due, Overpayment, and Refunded.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, and No. Questions regarding foreign interest, foreign trust distributions, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Amount, and Yes/No. Rows include Inventory at beginning of year, Purchases, Cost of labor, Additional section 263A costs, Inventory at end of year, Cost of goods sold, and Section 263A rules.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 3-12-13 Title: CEO. Includes a box for 'May the IRS discuss this return with the preparer shown below?' with Yes checked.

Paid Preparer Use Only section containing Preparer's name (MICHAEL J. ENGLE), Firm's name (BKD, LLP), Firm's address (1201 WALNUT, SUITE 1700), Date (FEB 28 2013), and PTIN (P00482834).

KANSAS CITY, MO 64106-2246

Form 990-T (2011)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10.

Totals

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col (A)		Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals ▶						

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) . . . ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 2		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14. ▶			

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JIM SCHMIDT 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD CHAIR	0	0
JOHN MILLER 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD VICE CHAIR	0	0
ROSEMARY GRAVES 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	SECRETARY	0	0
BRIAN RICE 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	TREASURER	0	0
ALLEN DILLINGHAM 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER	0	0
DR. MIKE CRIM 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER	0	0
DOUG ERVIN 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER	0	0
JO STUEVE 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER	0	0

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
MIKE O'NEAL 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER	0	0
JEANNE PYLAND 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER	0	0
SARA SEIDEL 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER	0	0
DEANNE TOWNSEND 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER	0	0
TRACY ZAHND 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER	0	0
RALPH REID 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER	0	0
JAN ZIMMERMAN 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	BOARD MEMBER	0	0
TOM CRANSHAW 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	CEO	0	0

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JOANN WERNER 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	ASSOCIATE DIRECTOR	0	0
DONNA DOUTHIT 3100 NE 83RD STREET 1001 KANSAS CITY, MO 64119	CFO	0	0
TOTAL COMPENSATION			<u>0</u>

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	<input checked="" type="checkbox"/>	Employer identification number (EIN) or
TRI-COUNTY MENTAL HEALTH SERVICES, INC.		43-1556416
Number, street, and room or suite no. If a P.O. box, see instructions	<input type="checkbox"/>	Social security number (SSN)
3100 NE 83RD STREET		
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
KANSAS CITY, MO 64119		

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► DONNA DOUTHIT, CFO

Telephone No. ► 816 468-0400 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or

► tax year beginning 07/01, 20 11, and ending 06/30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.